U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3939	2. Fiscal Year Covered From:	
	1 / 1 / 04 Through: 12 / 31 / 04	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name CALVIN E WELBORN SR	Name PLYWOOD LUMBER & SAWMILL WORKERS	
·	Labor Organization File Number 036-461	
P.O. Box, Bldg., Room No., if any P.O. BOX 518	P.O. Box, Building and Room Number, if any P.O. BOX 518	
Street 255 HWY 42 EAST SUITE #C	Street 255 HWY 42 EAST SUITE #C	
City COQUILLE	City COOUILLE	
State OR ZIP Code + 4 9.7423	State STOR STATE SALE X STATE	
5. Position in labor organization.	INESS AGENT	
A. Held an interest in, engaged in transactions (including loans) with, or demonstrated water from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.	
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	STE COLOR SE REPORTE LA MARTINOMEN EL SERVICIO. MENSER SON PETERSON DE LA COLOR DEL COLOR DE LA COLOR	
State ZIP Code + 4	-06 % (-8 %) (-1 %)	
Signa	ture	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed All Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed All Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) The penalty of the information contained in any accompanying documents), has been examined by the signature and is, to the best of the undersigned in the instructions.)		

File Number U-Name of Person Filing CALVIN E WELBORN SR. B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name LUMBER EMPLOYER a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer 2929 NW 31st AVENUE PORTLAND ZIP Code + 4 97210 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. TO DISCUSS THE PENSION Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street \$468.99 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 State 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name REGENCE LIFE & HEALTH INSURANCE Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 100 SW MARKET ST. City PORTLAND State OR ZIP Code + 4 97201 10. If 9.b. or 9.c. is checked give trust or employer's name. Name BLEDSOE HEALTH TRUST Trade Name, if any: P.O. Box, Bidg., Room No., if any	9. Business deals with: a. Labor Organization X b. Trust c. Employer 11.a. Nature of such dealing. TO DISCUSS INSURANCE THE MEMBERS ARE HAVIN	3	
Street 2929 NW 31st AVENUE	11.b. Approximate dollar value of such dealing.	70.20	
city PORTLAND	12.a. Nature of interest held or income received	has contact that associated the control of the forms and the participant forms and the behavior of the first of the debt	
State OR ZIP Code + 4 97210			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
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